

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001399

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 144Primary Registration District No. 4234Registrar's No. 12

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY Ironb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN IrontonLength of stay in lb
14 hours2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Ironc. CITY OR TOWN Glover Liberty TownshipInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's of the OzarksInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2 miles south of GloverReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First FRANKIEMiddle JANELast LEWIS4. DATE OF DEATH
Month January Day 22 Year 1963

5. SEX

female

6. COLOR OR RACE

white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/15/18859. AGE (last birthday)
77IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at home10b. KIND OF BUSINESS OR INDUSTRY
own home11. BIRTHPLACE (City and state or country)
Iron County, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Newton Huff

13b. MOTHER'S MAIDEN NAME

Lou Pinkley

14. NAME OF HUSBAND OR WIFE

Tom Lewis15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
[redacted]17. INFORMANT
Address
Tom Lewis, Glover, Missouri

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a) Coronary occlusionINTERVAL BETWEEN ONSET AND DEATH
2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 7.40 Month, Day, Year 2-16-57
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-16-57 to 1-22-63 and last saw her alive on 1-22-63
Death occurred at 7.40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Ironton, Missouri

22c. DATE SIGNED

1-25-6323a. BURIAL, CREMATION, REMOVAL (Specify)
burial23b. DATE
1/24/196323c. NAME OF CEMETERY OR CREMATORY
Big Creek cemetery23d. LOCATION (City, town, or county)
Glover, Iron county, Mo.

24. FUNERAL DIRECTOR

ADDRESS
White Funeral Home, Ironton, Mo.25. DATE RECD. BY LOCAL REG.
1-25-63

26. REGISTRAR'S SIGNATURE

Mrs. Aris Jones

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59247024703456789420.110111213

FEB 4 1965

STAS
0740

STATEMENT BY LICENSED EMBALMER

0-1

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.